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FACSIMILE TRANSMISSION**Total # of Pages 19 (including this page)**

TO:	PHONE #:	FAX #:
United States Patent and Trademark Office Mail Stop RESPONSE Attn: Examiner ALAN M. HARRIS Art Unit: 1642	703-308-0198	703-872-9306

From : Barry S. Wilson**Date :** October 17, 2003**Client/Matter No :** 039316-0301**User ID No :** 3067**MESSAGE:**

Re: U.S. Patent Application No. 09/438,917
Our Ref.: IMMUS1120 (039316-0301)

Attached please find:

- Transmittal (3 pgs.) *DUPLICATE COPY ENCLOSED*;
- Response to Office Action (12 pgs.);
- Request for One-Month Extension of Time;
- Authorization to charge Deposit Acct. No. 50-0872 in the amount of \$110.00.

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Operator:	Time Sent:	Return Original To: Germaine Sarda
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Atty. Dkt. No. IMMUS1120 (039316-0301)
Formerly P-IU-3446

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Welch, et al.
Title: TUMOR SUPPRESSOR
MOLECULES AND METHODS
OF USE
Appl. No.: 09/438,917
Filing Date: 11/12/1999
Examiner: Alana M. Harris
Art Unit: 1642

CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below. _____ Germaine Sarda (Printed Name) _____ (Signature) _____ October 17, 2003 (Date of Deposit)
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AMENDMENT TRANSMITTAL

Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

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Sir:

Transmitted herewith are the following:

☒ [X] Response to Office Action (12 pages);

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Atty. Dkt. No. IMMUS1120 (039316-0301)
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[X] The fee required for additional claims is calculated below:

	Claims As Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	3	<input type="checkbox"/> 20	= 0 x	\$18.00	= \$0.00
Independents:	2	<input type="checkbox"/> 3	= 0 x	\$86.00	= \$0.00
First presentation of any Multiple Dependent Claims:			+ \$290.00	=	\$0.00
CLAIMS FEE TOTAL:					= \$0.00

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[X]	Extension for response filed within the first month:	\$110.00	\$110.00
[]	Extension for response filed within the second month:	\$420.00	\$0.00
[]	Extension for response filed within the third month:	\$950.00	\$0.00
[]	Extension for response filed within the fourth month:	\$1,480.00	\$0.00
[]	Extension for response filed within the fifth month:	\$2,010.00	\$0.00
EXTENSION FEE TOTAL:			\$110.00
[]	Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$110.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:			\$110.00
[]	Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:			\$110.00

[X] Please charge Deposit Account No. 50-0872 in the amount of \$110.00. A duplicate copy of this transmittal is enclosed.

Atty. Dkt. No. IMMUS1120 (039316-0301)
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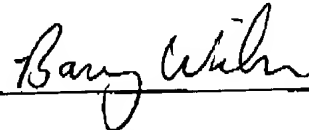
[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date October 17, 2003

By



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